



Home Health Care Consumer Reports Now Available on Indiana State Department of Health Web Site

ISDH WEB SITE OPENING PAGE displays access to consumer reports for home health agencies (above right), together with access to report cards for long-term care facilities (center).

Hoosiers now have an easier way to compare the quality of care at more than 200 licensed home health agencies in Indiana.

Home health agency consumer reports are available on the State Department of Health Web site, www.IN.gov/isdh. The cards can be accessed by clicking on "Regulatory Services," then on "Indiana Health Care Providers," then on "Consumer

Information."

"Patients who have either been discharged from the hospital or who have a chronic disease need to know where they can find state-licensed home health agencies that offer care by nurses, therapists, and home health aides," said Liz Carroll, assistant commissioner for Health Care Regulatory Services at the State Department of Health. "Our Web site will offer this information."

Each home health agency consumer report posted on the Web site:

- ☐ identifies whether the agency accepts Medicare or Medicaid;
- ☐ lists the counties the agency serves;
- ☐ lists the services the agency offers;
- ☐ lists the number of state and federal deficiencies that have been found in the agency's past three

Family Helpline Callers Are Up 41 Percent in 2001; Spanish Speaking Callers Are Up 60 Percent

The total volume of unduplicated callers reaching the Indiana Family Helpline, as recorded by Helpline statistician Henry Smith, was up 41 percent for 2001 over the previous year. Total unduplicated callers reaching the five Helpline staff in 2001 numbered 10,272, of which 589 (5.73 percent) were Spanish-speaking.

The total number of unduplicated Spanish-speaking callers in 2001 rose 60 percent over the previous year.

Rita Carlos, the Helpline's full-time Spanish-speaking employee, started in May 2000.

Carlos, like other Helpline staff, answers calls full-time from 8 a.m. to 3:30 p.m., 5 days per week, within the Helpline's office hours of 7:30 a.m. to 5 p.m.

Mary Bisbecos, Helpline supervisor, says Carlos assists both English- and Spanish-speaking callers.

If a caller speaks only Hindi, Swahili, or Swedish, there's the AT&T Language-Line-Services, which is always available. A three-way call on the line takes only a few minutes to set up with an appropriate interpreter and the Helpline staff member. Bisbecos says callers who speak any one of 147 different languages can be assisted on the special line.

Besides English, the next most frequently encountered language is Spanish. The fact that on-site bilingual assistance is available avoids the delay encountered with the AT&T Language Line, according to Bisbecos.

The Indiana Family Helpline provides toll-free assistance primarily to pregnant women to help assure healthy babies by offering perinatal information and assessing the caller's additional needs, referral to a health care provider, and follow-up to confirm that services were obtained. Carlos says the Helpline referrals that she handles are mostly to WIC offices, to perinatal care, and to arrange to get food through food pantries.



Governor's Fitness Award Inspires Participation by 10,000 School Children

How do you get 10,000 kids to improve their individual fitness?

"One measure that seems to be working is the effort of Indiana's physical education teachers to get youth to set physical fitness goals and then stretch their capabilities to reach them," according to Casey McIntire, director of the Governor's Council for Physical Fitness and Sports, who coordinates the project.

The 2002 annual Governor's Fitness Award project has been under way since the return of students from Christmas

break. To become eligible to receive a certificate of recognition, each student must set personal goals that are approved by the student's physical education instructor. A parental-signed release form is also required.

Ideally, each individual exercise program is designed to be appropriate to each student's skill and ability—the more able, the higher the degree of difficulty. Each student selects two aerobic exercises, three muscular-strength and endurance exercises, and the Sit and Reach for Flexibility exercise.

The degree of difficulty of a goal is a personal matter but must exceed the student's starting capabilities, such as

the ability to do so many push ups or chin ups, McIntire says.

"The goal has to be reasonably difficult and reached within a nine-week period that will end April 15," McIntire said. Schools throughout Indiana are participating.

A new sponsor for the mailings is the Indiana Fever women's basketball team. McIntire says that when all the results are in, student participants from the two schools with the highest participation percentages, one each from above and below Interstate route 70, will be guests of the Fever at a special clinic, when the team will demonstrate fitness and strength routines.



MCINTIRE

HOME HEALTH – from page 1

- state licensure surveys, including a link to a page that provides details on any deficiencies cited;
- ☐ lists any ownership or administrator changes at the agency, as reported in the past three state licensure surveys;
- ☐ lists the number of substantiated complaints in 2000, 2001, and

- 2002; and
 - ☐ provides information, for federally certified agencies, about the agency's last federal certification survey, including a link to a page that provides details on any deficiencies cited.
- "We want to ensure that consumers will contract with a licensed agency

that is equipped and staffed to handle their medical needs as ordered by their health care provider," Carroll said. "We urge patients in need of home health care to work with their health care professional and use the reports on this Web site to assist them in choosing a home health agency."

DASH Diet Loses the Pounds

By Amy Patterson-Neubert

(Copyright 2002, the Lafayette Journal and Courier.

Reprinted by permission.)

In May, Margaret Joseph found a diet that helped her lose 43 pounds and lower her cholesterol and blood pressure.

There are no special bars or shakes for the DASH diet (Dietary Approach to Stop Hypertension). Instead, the sustenance of the diet — fruits and vegetables — can be found at local farmers' markets and produce departments.

"The diet is almost misnamed. It is not a diet in the sense we use the word dash, it is a diet for a lifestyle," said Joseph, director of public affairs for the Indiana State Department of Health in Indianapolis.

This diet is rich in lowfat dairy foods, fruits and vegetables, and is reduced in red meat, sweets and sugar-containing drinks. A recent analysis of the DASH diet, plus reduced dietary sodium, shows it can lower blood pressure for all persons. The study was supported by the National Heart, Lung and Blood Institute.

"It uses normal food and there is lots of food. I have to work every day to get all the food in," Joseph said. "It's free. You don't have to pay any fees or attend any meetings. And it's proven (by the National Institutes of Health) and healthy. There is no doctor in Connecticut trying to underwrite his retirement with this diet."

Joseph starts her day with oatmeal, skim milk and a glass of cranberry juice. Breakfast holds her over until lunch. If Joseph goes out to eat, she orders a salad with dressing on the side. If she eats lunch at her desk, then she heats up a low sodium Healthy Choice or Weight Watchers meal. When the 3 o'clock munchies roll around she opts for an apple, banana or grapes. If she needs to curb her appetite before dinner again she'll have another piece of fruit. Dinner usually consists of three ounces of lean meat — fish or chicken, "tons" of vegetables, salad, and skim milk. She indulges in regular salad dressing at dinner, but she makes her own to monitor its sodium content.

Then if her stomach isn't satisfied before bedtime, she'll grab another piece of fruit.

"I don't feel deprived nor that I've missed anything," Joseph said. "I just feel so much better and I'm not hungry."

"I don't miss the ankle pain or knee pain. I don't miss the embarrassment of trying to get through a turnstile or giving away old clothes. I went from a 2X to 16."

Nina Hunley, nutritionist at Arnett Clinic, said the diet is tough for people to follow because of the number of fruits and vegetables required to be incorporated into meals.

"People are barely getting three a day," said Hunley. "But I'd like to see it catch on. It's so similar to the food guide pyramid."

The National Institutes of Health has also been supporting the 5-A-Day program to promote more vegetable and fruit consumption. The Dash diet requires eight to 10 servings of produce daily.

"It requires more veggies than ever before. It's about more fruit and less meat. Ouch, those are the key areas people don't like to change," Hunley said. "It sounds like a lot of details to eat this way, but it really isn't that hard. It's the same philoso-

phy as the food groups."

10 Ways to Dash Up Dining

- Re-think your drink. Make lowfat milk the beverage of choice; order it when dining out.
- Pizza, pizza, pizza. Combine a pre-made pizza crust with pizza sauce, shredded lowfat mozzarella and lots of vegetable toppings — fresh tomatoes, zucchini, spinach, carrot curls, cauliflower, broccoli, and artichoke hearts.
- Start the Day ... with whole grain cereal and lowfat milk.
- Make it with milk. Use lowfat milk in place of water when cooking especially with instant soup and boxed rice and pasta dishes.
- For that Snack Attack. Serve cereal with lowfat milk and fresh fruit. For a tangy twist, layer flavored lowfat yogurt with cereal to create yogurt sundaes.
- Make Super Soup. Prepare instant and canned soup with lowfat milk instead of water. Add fresh, canned or frozen vegetables to prepared soups.
- Shake'em Up. Create blender drinks. Start with a cup of lowfat milk, add frozen fruit chunks and flavorings to make your own smoothie drink.
- Create a Baked Potato Bar. Serve baked potatoes with a variety of toppings like lowfat cheese, chili, refried beans, salsa or broccoli. Add them up — one meal could contain three to four vegetable servings.
- Encourage Big Dippers. Make a fruit dip by sprinkling cinnamon into vanilla lowfat yogurt. For a quick vegetable dip, add ranch seasoning or French onion soup mix to plain lowfat yogurt.
- Say Cheese. Melt shredded lowfat cheese over steamed vegetables.

The DASH eating style

- Milk and dairy — two to three servings of 8 oz. lowfat milk, 1 cup lowfat yogurt, 1 1/2 oz. lowfat cheese.
- Fruits — four to five servings of 1 medium fruit, 1/4 cup dried fruit, 1/2 cup frozen or canned fruit, and 6 oz. of fruit juice.
- Vegetables — four to five servings of 1 cup raw leafy vegetables, 1/2 cup cooked vegetables and 6 oz. vegetable juice.
- Grain — seven to eight servings of one slice of bread, 1/2 cup dry or hot cereal and 1/2 cup cooked rice or pasta.
- Meat, fish and poultry — two or fewer servings of 3 oz. cooked meat, poultry or fish.
- Nuts, seeds or dried beans — four to five servings per week of 1/2 cup nuts, 2 Tbsp. of seeds or 1/2 cup cooked dried beans.

Information provided by the National Dairy Council

(Editor's Note: This article appeared February 20 in the Lafayette Journal and Courier. Joseph says her weight loss is now 47 pounds, but the more important statistics are her cholesterol level and her blood pressure. After six months on the DASH Diet, her cholesterol level was down 59 points. Her blood pressure, which had been as high as 150/100 mm Hg, is now 100/60 mm Hg.)

Save Time—Integrate Exercise In Daily Tasks

"Thankfully, you don't have to run marathons or pump iron every day to see the benefits of exercise. You can achieve health benefits by becoming only moderately physically active," said Casey McIntire, Governor's Council on Physical Fitness and Sports.

"The list below gives several great examples of ways you can increase your activity and improve your health," he said

"The advantages of leading a physically active lifestyle are nearly endless. Boost your energy, fight fatigue and

sleepiness, increase productivity, improve balance and muscle tone, and fight disease, all by increasing your level of physical activity," he added.

Easy Approaches to Get Moving!

Motion is everything when it comes to burning calories. If you find it difficult to fit 30 minutes of physical activity into your life every day, even with a busy lifestyle, you can boost your activity level. These everyday activities can count toward your day's total *if* they're done with moderate intensity—and most take little, if any, extra time. Below are activities suggested at the American Dietetic Association Web site.

Use the check boxes to see how many fit your lifestyle.

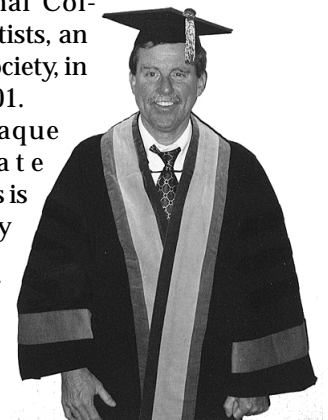
- ☐ 1. Get up 30 minutes earlier in the morning, and take a brisk walk to start your day. Need someone to get you going? Schedule your walk with a neighbor.
- ☐ 2. Forget the drive-through carwash. Wash the car yourself. Bonus: You'll save money at the same time.
- ☐ 3. Take stairs instead of the elevator or escalator. Walking up stairs is a great heart exerciser and calorie burner!
- ☐ 4. Park at the far end of the parking lot for a longer walk. Get off the bus a stop ahead. Then walk the rest of the way to your destination.
- ☐ 5. Are you a computer user—on and off the job? Give yourself at least five minutes of exercise for every hour of computer time.
- ☐ 6. Walk around your building—outside or inside—during your lunch hour or coffee break. You'll burn energy rather than being tempted to nibble on a snack.
- ☐ 7. Play actively with your kids, grand kids, or pets. Some dogs like to play frisbee as much as kids do!
- ☐ 8. Get a dog, and walk together. No dog? Then walk your cat—or pet pig—on a leash.
- ☐ 9. Before and after dinner, walk—and talk—with your family. To burn more energy if you have an infant, use a baby carrier on your back rather than push a stroller.
- ☐ 10. Do some backyard gardening. (Bonus: Grow fresh vegetables and herbs if you can.) In the fall, rake leaves.
- ☐ 11. Ride your bike to work or to a friend's home, if it's not too far away. Walk to do errands that are just a few blocks away.
- ☐ 12. While you watch television, do household chores or projects: mop the kitchen floor or refinish a piece of furniture. Avoid the "couch potato" syndrome.
- ☐ 13. Catch up with your around-the-house work: wash the windows, vacuum or shampoo the carpet, clean the garage or basement, sweep the sidewalk.
- ☐ 14. Use the exercise equipment you already own. Do two things at one time: ride your stationary bicycle while you read the morning paper or news magazine. Watch the morning news while you work out on your rowing machine.
- ☐ 15. Push your lawn mower instead of using the power-assisted drive. Skip the snow blower; shovel the snow by hand if you're fit.
- ☐ 16. Make homemade bread. Knead the dough by hand, not with a bread machine or food processor.
- ☐ 17. Use the restroom or pay phone that's at the other end of the building so you get more chance to walk.
- ☐ 18. Plan an active family vacation or weekend outing. Rather than sit on a beach, go canoeing, hiking, or snow skiing.
- ☐ 19. "Walk your talk!" If you like to chat on the phone, buy a portable one so you don't need to sit still.
- ☐ 20. Rent an exercise video, rather than a movie. And work out with the video



International College of Dentists Inducts Mallatt

Mark Mallatt, D.D.S., M.S.D., director of the ISDH Department of Oral Health, was elected a fellow of the International College of Dentists, an honorary society, in October 2001.

The plaque certificate reads, "This is to certify that in recognition of conspicuous services rendered in the Art and Science of



International Fellow

Mark Mallatt, D.D.S., M.S.D. Dentistry, Mark E. Mallatt, Indianapolis, IN has been elected a Fellow of the International College of Dentists."

Among the ICD's objectives are: to advance the science and art of dentistry for the welfare of the public, to encourage study and research, and to elevate the dignity of the profession by the maintenance of the highest standards of ethical and professional conduct.

Dr. Mallatt joins a select group of less than 5,800 from among more than 180,000 practicing American dentists.



Express

The *Indiana State Department of Health Express* is a bi-weekly publication for ISDH employees and stakeholders. To submit news items, call (317) 233-7336 or send information to: ISDH Express, Office of Public Affairs, 2 N. Meridian St., Section 2E, Indianapolis, IN 46204-3003. Inquiries should be directed to:

David W. Pilbrow, Editor
Telephone (317) 233-7336
Fax: (317) 233-7873
dpilbrow@isdh.state.in.us
http://www.IN.gov/isdh

Margaret Joseph, Director of Public Affairs

Gregory A. Wilson, M.D.
State Health Commissioner

Michael A. Hurst
Deputy State Health Commissioner and
Special Counsel to the Commissioner



Local Health Departments to Serve as Lead Agencies in Emergency-Response Survey

The Indiana State Department of Health is assisting Indiana's local health departments as they serve in a lead agency capacity for a needs assessment of local abilities to respond to terrorist activities. This assessment is part of an evaluation of each county's readiness to respond to biological, chemical, and radiological emergencies.

The Department of Justice (DOJ) and the Centers for Disease Control and Prevention (CDC) developed the survey, "Public Health Performance Assessment – Emergency Preparedness." The instrument was posted on the ISDH Web site last week to make it easy to download.

Although local health departments serve as the "lead agencies" for the survey, other organizations and agencies are needed to partner with LHDs to give a complete picture for each county.

ISDH is sponsoring technical assistance to help LHDs, and Leah Ingraham, Epidemiology, will be the contact person to coordinate these events (see side bar this page).

Within the survey, Public Health Essential Services have been used as headings for the sections of questions.

The survey is very detailed and helps local jurisdictions recognize the complexity of effective community partners for data collection, and includes agencies and institutions that contribute to both public and personal health services.

The survey seeks to gain an overview of the capabilities of each local public health jurisdiction regarding resources, needs analysis, timely investigations of adverse health events, and organizational self-assessment. It includes questions to identify hazards and assess risks, like the possible location within a county

of manufacturers of munitions, pesticides, radiological fuel, chemicals, or fireworks and the location of possible food production and storage facilities and pharmaceutical companies.

The survey also asks about the level of availability of systems to transmit, store, and retrieve information. Additional questions are included to evaluate the county's epidemiologic capacity to assess, investigate, and analyze a variety of biological, chemical, and radiological agents, with specifics about the availability of local laboratory capacity to rule out the presence of such substances in samples presented for analysis.

The quality of the local communication network serves as the topic of additional questions. Some examples are: Are first responders, hospitals, health care providers, and ambulatory care facilities rapidly accessible by the local public health agency? Are radio frequencies established? Is there back-up power to operate these systems? Are staff trained to use them? How often are the systems tested?

Questions are also included to determine the inclusion/exclusion in the local emergency response network of an array of local public and private agencies that may prove important to the quality of the county's response to an emergency.

The questionnaire asks about the existence of policy and plans to support individual and community health efforts specifically related to emergency preparedness.

There is also a section of questions about the local public health system's knowledge of specific federal, state, and local laws and the system's readiness to enforce them, should the occasion arise.

The survey also measures the health

department's knowledge of populations that may encounter barriers in the event of an emergency, like children, the homeless, the elderly, or language cultural minorities, in order

TECHNICAL ASSISTANCE FOR SURVEY FROM ISDH

The Indiana State Department of Health is sponsoring technical assistance to help local health departments complete the *Public Health Performance Assessment - Emergency Preparedness* survey. Leah Ingraham is the contact person coordinating the events. The first event occurs today, March 8, via the Indiana Higher Education Telecommunications System (IHETS) from 1:30 to 3:30 p.m. EST.

Local health departments have been notified of the nearest location where the satellite seminar can be viewed.

Leah Ingraham may be reached by e-mail at lingaraha@isdh.state.in.us.

to assure their access to critical health services during an emergency. There are additional questions about the effectiveness of the county's emergency management, and about workforce capacity, training, and education.

Data will be collected throughout March and early April and then will be transmitted electronically to ISDH during the last two weeks of April.

The results of the survey will help ISDH and its Bioterrorism Advisory Committee establish priorities to improve the public health system at both the local and state level and the ability to respond to public health emergencies, for which ISDH has received federal funding.

Emergency Communication Link With Local Health Department Gets First Use

February 16, 2002 was a red-letter day. It wasn't just any red-letter day, but a first for ISDH. It marked the first use of a new communication technique to instantly broadcast an alert to a local health department's staff advising them to access computer e-mail for an important health alert.

Literally, whenever a high priority "red" envelope e-mail is broadcast via ISDH's GroupWise to local health departments, simultaneously, the system triggers an internal system at the state health department which sends an alpha-numeric pager message to the Clark County Health Department, alerting their administrator to the e-mail message.

The system is designed to trigger the pager by way of wireless communication set up by Kevin Lentz, who is ISDH's Information Technology Ser-

vices local area administrator.

Clark County Health Department administrator Mike Meyer has kudos for Lentz according to Don Beeler, Local Liaison Office, who received a message from Meyer.

Meyer said, "Kevin has been a great help in getting GroupWise urgent messages to be forwarded to our Verizon Alpha Numeric Pagers. The pagers are capable of displaying the 'from,' 'subject,' and 'body fields'. The body gets only a limited number of characters, but we get enough info to get to a PC and check out the full message. This will give us the ability to be notified 24/7 of emergency situations."

"I am sure similar possibilities exist with other paging services. The other

real plus is it does not cost anything extra to have the mail forwarded," Meyer added.

The first pager alert Meyer received from ISDH was on Saturday, February 16 and involved a dairy-products recall sent by Margaret Joseph from the Office of Public Affairs.

Meyer is not adverse to helping others. "Please let me know of anything else we can do from our end to make this work," Meyer told Beeler.

Lentz says that it really was a simple matter of setting up GroupWise to forward high priority e-mails to Clark County.

"GroupWise can be programmed to forward e-mail to any health department pager that accepts e-mail," Lentz said. Lentz can be reached by GroupWise.



Kevin Lentz



2002 Indiana Rural Health Association Annual Conference Is Coming June 12-14

This year's Indiana Rural Health Association Annual Conference promises a full program.

The conference starts Wednesday, June 12 and runs through the early afternoon of Friday, June 14.

Six keynote speakers will address varied topics germane to the effective delivery of rural health care.

Keynoter James Buechler, M.D., director of the Midwest Center for Rural Health will speak on opportunities in rural health delivery.

Val Schott, president of the National Rural Health Association, with offices in Washington, D.C., will address the rural impact of current health-care issues at the federal level.

Melanie Bella, director of Indiana's Medicaid program, will speak on Indiana's perspective on health care and Medicaid.

Dr. Craig Brater, dean of the I.U. School of Medicine, is also featured as a keynote speaker.



Other speakers will include Forest Calico, director of the Federal Office of Rural Health Policy program governing critical access hospitals. Indiana has 11 of these.

Greg Chesmore, Region V Rural Health coordinator at the Centers for Medicare and Medicaid,

will report on rural America.

Phil Gulley, author of *Front Porch Tales*, will also be a keynote luncheon speaker on Thursday.

Four breakout sessions will follow each key note address Wednesday afternoon, Thursday morning and afternoon, and Friday morning.

Breakout speakers will include ISDH's Jim Howell, D.V.M., on bioterrorism; Mark Laker on humor; and Kathy Weaver on working with the federal government to develop funding and relieve regulatory burdens.

Other breakout speakers will include Todd Carpenter; Jennifer Custer; Joan Henkle; Jim Full; Brent Furbee; Carolyn Hamilton; Elizabeth Helms; Holly Hobaugh; B.J. Isaacson-Chaves; Ronald Leach, M.D.; Jennifer Lucas; Susan Meece-Hinh; Jan Miltenberger; Elise Papke; Dennis Peare; Ellie Rogers; Mary Beth Seaward; Jane Small; Felice Vargo; Marvel Waldrige; and Dave Zook.

- Photos by Daniel Axler

Indiana State Department of Health **NewsLink**

The Indiana State Department of Health **NewsLink** is a monthly publication for local health departments. To submit news items, call (317) 233-7336 or send information to: ISDH **NewsLink**, Office of Public Affairs, 2 N. Meridian St., Section 2E, Indianapolis, IN 46204-3003. Inquiries should be directed to:

David W. Pilbrow, Editor
Telephone (317) 233-7336
Fax: (317) 233-7873
dpilbrow@isdh.state.in.us
<http://www.IN.gov/isdh>

Margaret Joseph, Director of Public Affairs

Gregory A. Wilson, M.D.
State Health Commissioner

Michael A. Hurst
Deputy State Health Commissioner